

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # P1000074946

1. Entity Name

GAW DAR ENTERPRISE INC



FILED

11 MAY 27 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

north washash AVE

3. Mailing Address

1204 caleb DRIVE

Suite, Apt. #, etc.

530

Suite, Apt. #, etc.

578

City & State

lakeland, FL

City & State

winter Haven, FL

4. FEI Number

27-3447987

Applied For

Not Applicable

Zip

33815

Country

USA

Zip

33884

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

CR2E034B (1/11)

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AZIZ LASSI

Street Address (P.O. Box Number is Not Acceptable)

578 caleb DRIVE

City

winter Haven

FL

Zip Code

33884

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

PKLPDEI@yahoo.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President
Phyllis Kelly-Lessi
578 caleb DRIVE winter Haven FL 33884

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Phyllis Kelly-Lessi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/22/11

863-812-8763

Daytime Phone #

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200207324812
05/27/11-01034-005 **61.25

200207324812
05/06/11-01041-008 **150.00